

HLED DEC 27 1950

## STANDARD CERTIFICATE OF DEATH

11985

State File No. ....

BIRTH NO. ....

REG. DIST. NO. ....

318

PRIMARY REG. DIST. NO. ....

1003

Registrar's No. ....

10552

## 1. PLACE OF DEATH

a. COUNTY St. Louis, Missourib. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN St. Louis, Missouric. LENGTH OF  
STAY (in this place)  
40 daysd. FULL NAME OF  
HOSPITAL OR  
INSTITUTION BARNES HOSPITAL

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE Indianab. COUNTY Knoxc. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN Vincennesd. STREET  
ADDRESS  
1545 Burnett Lane3. NAME OF  
DECEASED  
(Type or Print)

a. (First)

Mary

b. (Middle)

Olive

c. (Last)

Bauer4. DATE  
OF  
DEATH(Month)  
12(Day)  
10(Year)  
1950

## 5. SEX

Female

## 6. COLOR OR RACE

White7. MARRIED, NEVER MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

## 8. DATE OF BIRTH

July 12, 19019. AGE (In years  
last birthday)  
49IF UNDER 1 YEAR  
Months  
0IF UNDER 1 YEAR  
Days  
0IF UNDER 1 YEAR  
Hours  
0IF UNDER 1 YEAR  
Min.  
010a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if retired)  
Housewife10b. KIND OF BUSINESS OR IN-  
DUSTRY11. BIRTHPLACE (State or foreign country)  
Galena, Kansas12. CITIZEN OF WHAT  
COUNTRY?  
U.S.

## 13a. FATHER'S NAME

James Jarrett

## 13b. MOTHER'S MAIDEN NAME

Canvada Dale

## 14. NAME OF HUSBAND OR WIFE

Joseph15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No16. SOCIAL SECURITY  
NO.  
None17. INFORMANT'S SIGNATURE OR NAME  
Joseph Bauer, Vincennes, Ind.

ADDRESS

## 18. CAUSE OF DEATH

Enter only one cause per  
line for (a), (b), and (c)\*This does not mean  
the mode of dying, such  
as heart failure, ashenia,  
etc. It means the dis-  
ease, injury, or complica-  
tion which caused death.I. DISEASE OR CONDITION  
DIRECTLY LEADING TO DEATH\* (a)

## ANTECEDENT CAUSES

Morbid conditions, if any, giving  
rise to the above cause (a) stating  
the underlying cause last.DUE TO (b) Generalized CarcinomatosisDUE TO (b) Cystadenocarcinoma of Ovary

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.Pleural Effusion in the AscitesINTERVAL BETWEEN  
ONSET AND DEATH  
4 MO.4 MO.19a. DATE OF OPERA-  
TION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or about  
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME  
OF  
INJURY (Month) (Day) (Year) (Hour)21e. INJURY OCCURRED  
WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 26, 1950, to Dec. 10, 1950, that I last saw the deceased  
alive on Dec. 10, 1950, and that death occurred at 3:40 Pm., from the causes and on the date stated above.

## 23a. SIGNATURE

F.R. Bradley, M.D.

(Degree or title)

## 23b. ADDRESS

## 23c. DATE SIGNED

12/10/5024a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

## 24b. DATE

12-11-50

## 24c. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

## 24d. LOCATION (City, town, or county)

Vincennes, Ind.

(State)

DATE REC'D BY LOCAL  
DEC 11 1950

## REGISTRAR'S SIGNATURE

J.B. Hunter

## FUNERAL DIRECTOR'S SIGNATURE

## ADDRESS

Albert H. Hoppe, 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

*J. W. M. Minkley*

Licensed Embalmer No. *31453*

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.